

Case Number:	CM14-0095892		
Date Assigned:	07/25/2014	Date of Injury:	12/29/2003
Decision Date:	09/24/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	06/24/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Illinois. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 58-year-old female who reported an injury on 12/29/2003, secondary to a fall. The current diagnoses include disorders of the sacrum, thoracic compression fracture at T11, and long term use of medication. The injured worker was evaluated on 06/05/2014 with complaints of chronic lower back pain. Previous conservative treatment is noted to include acupuncture, medication management, home exercise, a lumbar radiofrequency ablation, physical therapy, and Transcutaneous Electrical Nerve Stimulation (TENS) therapy. The injured worker is also noted to have undergone diagnostic studies to include a lumbar MRI on 04/01/2014 and electrodiagnostic studies of the lower extremities in 09/2005. Physical examination on that date revealed an antalgic gait, tenderness to palpation at the lumbosacral junction and over the lumbar facet joints. Decreased lumbar range of motion, positive axial loading, intact sensation, and 5/5 motor strength. The current medication regimen includes Lidoderm 5% patch, Colace, glucosamine/chondroitin, polyethylene glycol, Protonix, baclofen, Biofreeze gel, capsaicin cream, Lunesta, Norco, Neurontin, and aspirin. Treatment recommendations at that time included a bilateral lumbar facet injection at L2-5 and continuation of the current medication regimen. A Request for Authorization form was then submitted on 06/27/2014 for Lidoderm 5% patch, Colace 250mg, polyethylene glycol 17gm, and Protonix 20mg.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Lidoderm 5% patch #90 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, page 111-113. The Expert Reviewer's decision rationale: California MTUS Guidelines state, "Lidocaine indicated for neuropathic pain or localized peripheral pain after there has been evidence of a trial of first line treatment." There is no documentation of a failure to respond to first line oral medication prior to the initiation of a topical analgesic. It is also noted that the injured worker has continuously utilized this medication since 12/2013 without any evidence of objective functional improvement. There is also no frequency listed in the request. As such, the request is not medically necessary.

Colace 250mg #120 with 5 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's Drug Consult.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Opioid Induced Constipation Treatment.

Decision rationale: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, page 77 and on the Non-MTUS Official Disability Guidelines (ODG) Chronic Pain Chapter, Opioid Induced Constipation Treatment. The Expert Reviewer's decision rationale: California MTUS Guidelines state, "Prophylactic treatment of constipation should be initiated when also initiating opioid therapy." The Official Disability Guidelines state, "First line treatment for opioid induced constipation includes maintaining appropriate hydration, advising the injured worker to follow a proper diet, and increasing physical activity." As per the documentation submitted, the injured worker does not maintain a diagnosis of chronic constipation. The medical necessity for the requested medication has not been established. There is also no frequency listed in the request. As such, the request is not medically necessary.

Polyeth Glycol, Mix 17gm #527 with 5 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's Drug Consult.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Opioid Induced Constipation Treatment.

Decision rationale: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, page 77 and on the Non-MTUS Official Disability Guidelines (ODG) Chronic Pain Chapter, Opioid Induced Constipation Treatment. The Expert Reviewer's decision rationale: California MTUS Guidelines state, "Prophylactic treatment of constipation should be initiated when also initiating opioid therapy." The Official Disability Guidelines state, "First line treatment for opioid induced constipation includes maintaining appropriate hydration, advising the injured worker to follow a proper diet, and increasing physical activity." As per the documentation submitted, the injured worker does not maintain a diagnosis of chronic constipation. The medical necessity for the requested medication has not been established. There is also no frequency listed in the request. As such, the request is not medically necessary.

Pantoprazole Protonix 20mg #60 with 5 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, pages 68-69. The Expert Reviewer's decision rationale: California MTUS Guidelines state, "proton pump inhibitors are recommended for injured workers at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a nonselective NSAID." Therefore, the injured worker does not currently meet criteria for the requested medication. There is also no frequency listed in the request. As such, the request is not medically necessary.